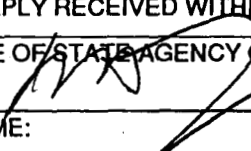


TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: HEALTH CARE FINANCING ADMINISTRATION		1. TRANSMITTAL NUMBER: <u>04-001</u>	2. STATE: New Jersey
		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE January 1, 2004	
5. TYPE OF PLAN MATERIAL (Check One): <input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT			
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)			
6. FEDERAL STATUTE/REGULATION CITATION: 42 U.S.C. 9902 (2) 42 C.F.R. 435.831 and 435.832, 42 U.S.C. 1382 (f)		7. FEDERAL BUDGET IMPACT: a. FFY <u>2004</u> \$ <u>0</u> b. FFY <u>2005</u> \$ <u>0</u>	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 2.6A Supplement 6 Attachment 2.6A Chart 2		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Same Same <u>new Jersey (04-001)</u> <u>approved: 05/25/04</u> <u>effective: 01/01/04</u>	
10. SUBJECT OF AMENDMENT: 2004 Revisions to the Eligibility Income Standards; Medicaid Cap			
11. GOVERNOR'S REVIEW (Check One): <input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input checked="" type="checkbox"/> OTHER, AS SPECIFIED: <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED Not required in accordance with <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL 7.4 of the Plan.			
12. SIGNATURE OF STATE AGENCY OFFICIAL: 		16. RETURN TO: Jean Cary Division of Medical Assistance & Health Services P.O. Box 712, #26 Trenton, NJ 08625-0712	
13. TYPED NAME: James M. Davy, Acting Commissioner			
14. TITLE:			
15. DATE SUBMITTED:			

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Attachment 2.6-A Supplement 6

State: New Jersey

Standards for Optional State Supplementary Payments

Payment Category Reasonable Classification	Administered by		Income Level				Income Disregards Employed
	Federal	State	Gross 1 person	Net Couple	Gross 1 person	Net Couple	
(1)	(2)		(3)		(4)		(5)
Residential Health Care Facility	X		300%FBR	300%FBR	\$714.05	\$1409.36	SSI
Living Alone or Living with Others	X		300%FBR	300%FBR	\$595.25	\$871.36	SSI
Living in Household of Another Receiving Support and Maintenance	X		300%FBR	300%FBR	\$420.31	\$657.09	SSI
Title XIX Approved Facility	X		300%FBR		\$40.00		

Supersedes 03-03

04-01-MA(NJ)

TN 04-01/MA Approval Date MAY 25 2004
Supersedes TN 03-03 Effective Date JAN 01 2004

OFFICIAL

Attachment 2.6-A
Chart 2

STATE OF NEW JERSEY
DIVISION OF MEDICAL ASSISTANCE AND HEALTH SERVICES
INCOME STANDARDS FOR MEDICAID ONLY PROGRAM
EFFECTIVE JANUARY 1, 2004

Variations in Living Arrangements	Medicaid Eligibility Income Standard
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Residential Health Care Facility	
Eligible Person	714.05
Eligible Couple	1409.36

Living Alone or Living with Others	
Eligible Person	595.25
Eligible Couple	871.36
Eligible Individual with Ineligible Spouse Only	871.36

Living in Household of Another Receiving Support and Maintenance	
Eligible Person	420.31
Eligible Couple	657.09

Title XIX Approved Facility - includes person in acute care hospital, nursing facility, ICF/MR, licensed special hospital (Class A, B, C) and Title XIX psychiatric hospital (for persons under 21 and 65 and over) or a combination of these facilities for a full calendar month	1,692.00
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The Medicaid "cap" is applied to gross
income (i.e., income prior to application of income exclusion).

Supersedes 03-03 04-01-MA(NJ)

TN 04-01 MA Approval Date MAY 25 2004
Supersedes TN 03-03 Effective Date JAN 01 2004